



State of New Jersey

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Acting Governor

OFFICE OF THE ATTORNEY GENERAL
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COMMUNICABLE BODILY FLUID VIRUS HIGHT-RISK QUESTIONNAIRE

1. Do you have any immediate family members who have HIV, Hepatitis B or C? ☐ Yes ☐ No
If yes, please provide detail.

2. Have you received a transfusion of blood or blood components? ☐ Yes ☐ No
If yes, specify date, location, reason.

3. Have you had surgery requiring blood products? ☐ Yes ☐ No
If yes, specify date, location, reason.

4. Have you used injectable drugs? ☐ Yes ☐ No
If yes, specify date of most recent injection.

5. Have you been sexually active with an individual who has HIV, Hepatitis B or C? ☐ Yes ☐ No
6. Have you engaged in unprotected sex? ☐ Yes ☐ No
7. Have you had sex with an injectable drug user? ☐ Yes ☐ No
If yes to questions 5 through 7, please provide most recent date of such activity.

8. Have you worked in a health care or laboratory setting? ☐ Yes ☐ No
If yes, please provide appropriate dates.



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9. Have you been imprisoned or worked in a prison or any type of correctional facility? ☐ **Yes** ☐ **No**
If yes, please provide appropriate dates.

10. Do you have any tattoos or body piercing? ☐ **Yes** ☐ **No**
If yes, when was the most recent one obtained.

11. Do you have any reason to believe that you may have contracted HIV or Hepatitis B or C at any time? ☐ **Yes** ☐ **No**
If yes, explain:

Contestant's Name: _____ **Contestant's Signature:** _____

Date: ____/____/____

